

**SALARY RESERVE FY 2007
REQUIRED 1 - Summary Survey**

THIS SURVEY WILL BE USED TO DETERMINE YOUR 2007 ALLOCATION

PROVIDER ORGANIZATION NAME: _____

FEIN: _____

CONTACT PERSON: _____

TELEPHONE: _____

By submitting this information in the Provider Data Management service, I certify under the pains and penalties of perjury that the information reported below is accurate and complete to the best of this organization's knowledge.

				PROGRAM TOTAL		STATE CONTRACT SHARE FOR ALLOCATION	
<i>Use payroll closest to July 1, 2006</i>				5	6	7	8
1	2	3	4	5	6	7	8
FY 2006 Contract Number	Dept.	FY 2007 MMARS Activity Code	Accounting Line Number	FY 2007 Full- Time Equivalents Earning less than \$40,000 in Program	Annual Salaries of Employees Earning less than \$40,000 in Program	Percentage of Program Purchased by Contract	Annual Salaries Less than \$40,000 Attributable to this Contract and Program
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							